

US/DOT FTA TESTING NOTIFICATION FORM

Section 1: FTA Covered Employer Information

Employer:	MRO:
Name of DER:	Street:
Street Address:	City, State, Zip:
City, State, Zip:	Phone:
Phone:	Fax:
Fax:	

Section 2: Donor/Employee Information

Employee Name:	Employee SSN:
Notification Date:	Expected arrival time at collection site: _____ a m./p.m.
Notification Time: _____ a.m./p.m.	Attention Collector: If donor arrived late you must receive specific authorization from the DER to proceed with collection. Employer may deem the delay a refusal to test.
Supervisor Signature:	Employee Signature:
Collection Site Address and Telephone #:	

Section 3: Testing Information/ Testing to be conducted under the authority of FTA

Reason for Test:	Urine Collection	Observed Collection	Alcohol Test
DOT/FTA Pre Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT/FTA Random	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT/FTA Post Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT/FTA Reasonable Suspicion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT/FTA Return to Duty	<input type="checkbox"/>	X	<input type="checkbox"/>
DOT/FTA Follow-Up	<input type="checkbox"/>	X	<input type="checkbox"/>
Attention: Notify DER immediately if alcohol confirmation result is over .02.			